those of hot moist air. Heidenhain found it to be impossible to experiment with other gases, such as chlorine, for either they proved rapidly fatal, or if so diluted as to be without influence on the general economy, the lungs also remained intact.

Heidenhain's researches, therefore, lead him to the conclusion that true croupous pneumonia cannot be excited by irritation of the respiratory passages. If, he says, we are to regard as essential features of croupous pneumonia that one lobe of a lung or part of a lobe (lobar pneumonia) should be affected throughout its whole substance, that there should be coincidently pleurisy, that the trachea and bronchi should remain intact, or at least be only secondarily affected, then he has been unable in any of his experiments to establish that disease. In all cases where any disease at all was produced, the trachea and bronchi were primarily and the lungs were secondarily affected, and the affection of the lung presented in all cases essentially similar characters. There were more or less numerous small foci of disease which corresponded with what in human pathology would be called catarrhal pneumonia or broncho-pneumonia. Pleurisy was invariably absent. The general result, therefore, arrived at by Heidenhain is rather in favour of the existence of some specific agent as the cause of pneumonia.—*Lancet*, Sept. 1, 1877.

### *Cold Washings and Douches in Tuberculosis.*

Dr. **Pogacnik**, of Vienna, in the *Allgemeine Wiener Medizin. Zeitung* for August 21, alleges that he recommended water treatment in tuberculosis in the form of cold frictions before Brehmer commenced his douches (see *Monthly Abstract of Medical Sciences*, Dec. 1876, p. 554), and strongly maintains the superiority of his plan, which is as follows:—

The patient, on waking in the morning, strips, and, standing on a dry cloth, sponges himself all over with water varying in temperature from 10° to 20° Reaumur (55° to 77° Fahr.), according to the temperature of the air at the time. He then rubs himself down with flesh gloves for about five minutes, completing the drying process by envelopment in a linen sheet. He returns to bed, and remains there from half an hour to an hour well covered up, though not sufficiently to induce perspiration. While reaction is going on, it is necessary that the lung movement should be reduced to a minimum.

Dr. Pogacnik was led to the adoption of cold water frictions in tuberculosis by observing their good effect on scrofulous glands, which, he states, diminished more rapidly under their use than under a trial of iodine or cod-liver oil, and he declares that his results in tuberculosis of the lung are not less favourable. The influence of this treatment is:—

1. To promote normal action of the skin;
2. To relieve congested states of the lung by derivation to the skin;
3. To harden the patient, and thus enable him to pass more time in the open air;

Increase of appetite and strength, with a lowering of the temperature, are stated to follow; but these improvements are not to be expected where the pulmonary lesions are very advanced, or where the blood is disorganized; but the treatment is not contraindicated in hæmoptysis.

Brehmer has advocated the use of local douches for the same purposes, but Dr. Pogacnik claims the following advantages for his method:—

1. Cold frictions may be persevered with in hæmoptysis when douches are impossible.
2. They are more agreeable to patients.

3. Their influence is more prolonged, and therefore more likely to be beneficial.

4. They are easily procured, even among the poor, and while travelling, whereas douches can only be obtained in institutions and large establishments.

5. The douche necessitates walking exercise after its use, which exactly reverses the desired effect on the body; for by this the lungs, which have been relieved by the cutaneous reaction, are brought again into full movement instead of remaining comparatively passive, as is desirable.—*London Med. Record*, Oct. 15, 1877.

### *The Use of Digitalis in Disease of the Aortic Valves.*

Dr. J. Milner Fothergill, Assistant Physician to the West London Hospital, sums up (*British Med. Journal*, Oct. 13, 1877) the value of digitalis in aortic valvular disease.

1. Digitalis is useful in aortic stenosis. By exciting a more powerful ventricular contraction, it enables an equal bulk of blood to be driven through a narrowed orifice in an equal time, thus establishing a new equilibrium.

2. In the earlier stages of aortic regurgitation, with massive hypertrophy, it is harmful rather than useful.

3. In the later stages of aortic regurgitation, where the heart is failing from mural decay, and especially when intermitting, digitalis may be given with at least temporary advantage.

### *Complete Obliteration of the Aorta.*

Dr. Wickham Legg, at a late meeting of the Pathological Society of London (*Lancet*, Oct. 20, 1877), showed an example of complete obliteration of the aorta, at the usual site—viz., just in the neighbourhood of the ductus arteriosus. The subject of it was an adult who had died suddenly from rupture of a dissecting aneurism of the aorta into the pericardium. The vessel was completely obliterated for about a quarter of an inch just beyond the ductus arteriosus, which persisted as a ligamentous cord pervious for a short distance to a bristle. The circulation was carried on by the anastomoses between the internal mammary and other branches of the subclavian with the epigastric and intercostal vessels. Dr. Legg believed that as many as eighty such cases had been recorded, and he referred to the two existing theories as to the mode of origin of the constriction. The one view is that it depends upon some condition of the ductus arteriosus, and the case of a child is recorded in which a thrombus was found extending from the ductus into the aorta. The other view—that of Rokitansky and Peacock—is that it is dependent rather upon an original vice of development, and Dr. Peacock had shown that it frequently went with other malformations, such as deficiency in the ventricular septum or the presence of only two aortic valves, as in the specimen exhibited.

Dr. Coupland mentioned a case recently in the Middlesex Hospital, under the care of Dr. Thompson, in which this condition was marked during life by extremely tortuous and dilated arteries in the scapular and interscapular regions, having the characters of cirsoid aneurisms. In this case the occlusion was not quite complete, but the anastomoses were very abundant, the upper intercostal arteries being of great size and very tortuous. Dr. Coupland referred to a case related by Mr. Sydney Jones, in which the anastomoses were carefully dissected and described.

Mr. Sydney Jones said the preparation from that case, which he had brought before the Society twenty years ago (see *Transactions*, vol. iii. p. 159), was in the